

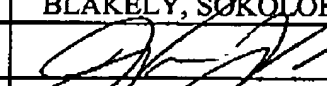
FACSIMILE: (714) 557-3347

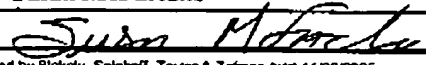
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/627,272
		Filing Date	July 25, 2003
		First Named Inventor	Simon M. Tam
		Art Unit	2116
		Examiner Name	Abdelmoniem I. Elamin
Total Number of Pages in This Submission	13	Attorney Docket Number	42P15905

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	February 1, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane		
Signature		Date	February 1, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (WR) 11/30/2005.
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**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	10/627,272
Filing Date	July 25, 2003
First Named Inventor	Simon M. Tam
Examiner Name	Abdelmoniem I. Elamin
Art Unit	2116
Attorney Docket No.	42P15905

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.☐ Credit any overpayments**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
23	23	0	\$0.00
Independent Claims	5	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 380	2203 180	Multiple Dependent claims, if not paid
1204 790	2204 395	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$)

0.00

*or number previously paid, if greater; For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1051 150	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1480 130	2480 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(u)
1808 180	1808 180	Submission of Information Disclosure Stmt.
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type)

William W. Schaal

Registration No.
(Attorney/Agent)

39,018

Complete (if applicable)

Telephone

(714) 557-3800

Signature

Date

02/01/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (twr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1430, Alexandria, VA 22313-1430

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete If Known

Application Number 10/627,272
Filing Date July 25, 2003
First Named Inventor Simon M. Tam
Examiner Name Abdelmoniem I. Elamin
Art Unit 2116
Attorney Docket No. 42P15905

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☐ Credit any overpayments

FEE CALCULATION

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1204 790	2204 395	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

*or number previously paid, if greater. For Reissues, see below

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1806 180	1806 180	Submission of Information Disclosure Sheet
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 305	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(S)

SUBMITTED BY

Name (Print/Type) William W. Schaal Registration No. 39,018 Telephone (714) 557-3800
Signature [Signature] Date 02/01/06

Complete (if applicable)

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vtr) 12/15/2004
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Appl. No. 10/267,272
Amdt. Dated 2/1/2006
Reply to Office Action of October 4, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No. :	10/267,272	Confirmation No. 7598
Applicant :	Simo M. Tam, et al.	
Filed :	7/25/2003	
TC/A.U. :	2116	
Examiner :	Abdelmoniem I. Elamin	
Docket No. :	42P15905	
Customer No. :	8791	

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of October 4, 2005, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.